	II				
Date In. 9/1/18 15:37	Jeb description		Date &Time Completed	Done	рх
Ref No: NA / ALG 18000539144	SAS e-filing				
Veh No: G80 786 X	E-mail (within	Shrs, AIC 2hrs)			* I
D.O.A : 811118 1110	i-Motor Clai	m Form			
8,111,9 1,110	i-Motor W/0	(Within: OD 2h	rs, 7'P 4hrs)		
OD : Reporting Only	i-Photo Uplo			The same of	
	Assessment/S				
TP Insurer:			to Owner/Wksp		
Preferred Wksp / INC Assign Wksp / QW: (Assireport	/ Inx/Italia		Fax:	-
		INC ()/Non-INC()	AND THE STREET	
Owner / Driver: (HC 3340 M	11101	Tel:)	
Policy No: () Perio	od: ()	Cover Type: ()	
Confirmed by : (Date:	Time:)	
	ote-Est. Status (700 (100 miles)	10%; P: 21-79%. F: 80-	100%]	
	arranty: YES ()/NO()		MIL WE
Excess: (\$) Loading: \$1,000		S. S. S. S. S. C.			
General Remarks;-			A 2011/2015 (1985)		
() Walk-In Customer: Customer's inform	nation strictly Co	ofidential & S	trictly NO refer of repairer	3.6540.4	-
() Total Loss Case : to e-mail Insurer		inidential & C	distry 10 1510. d. 10 paris.	- 181	
Drive-In ()/ Towed-In (); Invoice:		VO () · *	Fowing Co: (1 10)
				POAROSER W	9-10
Remarks:- (INC horline: 6788 6616)			Date&Time Completed	Done	by
 Apply for Transport Allowance ()/Co 	urtesy Car ()			
	()			
2) QC Check / Post Repair Inspection	()		*	
QC Check / Post Repair Inspection Upload Resurvey Photo [Repair Cost > \$30]	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()			1. 200 p.c.
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury:	()			
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	()		Anif (S)	Am! (\$)
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time: Actions	(00) (Inveice Pr	eparation Checklist	Anit (S). Tist Bill	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	(1) AR : Accide	nt Reporting (\$30);	78 Bill 30 -00	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions Maimant's Particulars:	(00) (1) AR : Accide 2) DA : Damag	nt Reporting (\$30); e Assessment (\$100); INC (78 Bill 30 -00	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions Maimant's Particulars:	(00) (1) AR: Accide: 2) DA: Dameg 3) TF: Towing 4) FT: Follow-	nt Reporting (\$30); e Assessment (\$100); INC (Fee \$ Through Survey	751 Bill 30.00 \$80) 40/\$45 \$120	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time: Actions Actions Actions iver/Owner:	(00) (1) AR: Accide 2) DA: Dameg 3) TF: Towing 4) FT: Follow- 5) FT: Follow-	nt Reporting (\$30); e Assessment (\$100); INC (Fee	30.00 30.00 \$30) 40/\$45 \$120 \$30	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time: Actions Actions Actions iver/Owner: Intact No:	(00) (1) AR: Accide: 2) DA: Dameg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-insp	nt Reporting (\$30); e Assessment (\$100); INC (Fee	30.00 \$80) 40/\$45 \$120 \$30 05) \$75	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions Actions inimant's Particulars:- intact No:	(00) (1) AR : Accide: 2) DA : Dameg 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idao D/	nt Reporting (\$30); e Assessment (\$100); INC (Fee	30.00 580) 40/545 5120 530 05)	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions inimant's Particulars:- civer/Owner: ontact No: amaged Portion:	(00) (1) AR : Accide: 2) DA : Dameg 3) TF : Towing 4) FT : Follow- 5) FT : Follow- For claiming 6) TR : Re-insp 7) N1 : Idao D/	nt Reporting (\$30); e Assessment (\$100); INC (Fee	Tst Bill 3 2 · 0 0 \$80) 40/\$45 \$120 \$30 05) \$75 \$160	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions inimant's Particulars:- civer/Owner: ontact No: amaged Portion:	(00) (1) AR: Accide: 2) DA: Dameg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-iusp 7) N1: Idao DA 8) NTUC Addi QIL* *N5: Courte	nt Reporting (\$30); e Assessment (\$100); INC (Fee S Through Survey Through Survey (Resurvey) estainst INC Only (wef 10 Jan 20) ection x + SMRT Survey lional Services.	\$55	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Actions Inimant's Particulars: river/Owner: Intact No: Intaged Portion: C Checked by (Engr-In-Charge):	(00) (1) AR: Accide: 2) DA: Dameg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For claiming 6) TR: Re-iusp 7) N1: Idao DA 8) NTUC Addi QIL* *N5: Courte *N6: Repair	nt Reporting (\$30); e Assessment (\$100); INC (Fee	\$50) 40/\$45 \$120 \$30 05) \$75 \$160 \$55 \$510 \$525	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions Notional Actions Injury: Contact No: Inmaged Portion: Contact No: Contac	(00) (1) AR: Accide: 2) DA: Dameg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For cleiming 6) TR: Re-insp 7) N1: Idao DA 8) NTUC Addi OIL* *N5: Courte *N6: Repair *N7: Fost Re- *N8: DV / C	nt Reporting (\$30); e Assessment (\$100); INC (Fee S Through Survey Through Survey (Resurvey) estainst INC Only (wef 10 Jan 20) ection x + SMRT Survey lional Services sy Car / Tpt Allowance Co-ordination epair Inspection otlect Excess Coordination	\$500 \$120 \$300 \$5120 \$530 \$55 \$160 \$55 \$510 \$25 \$55	
2) QC Check / Post Repair Inspection 3) Upload Resurvey Photo [Repair Cost > \$30 Injury: Date/Time Actions	(00) (1) AR: Accide: 2) DA: Dameg 3) TF: Towing 4) FT: Follow- 5) FT: Follow- For cleiming 6) TR: Re-insp 7) N1: Idao DA 8) NTUC Addi OIL* *N5: Courte *N6: Repair *N7: Fost Re- *N8: DV / C	nt Reporting (\$30); e Assessment (\$100); INC (Fee S Through Survey Through Survey (Resurvey) against INC Only (wef 10 Jan 20) ection a + SMRT Survey tional Services sy Car / Tpt Allowance Co-ordination epair Inspection other Excess Coordination TP (Non INC) against INC	\$50 \$120 \$30 \$50 \$50 \$50 \$55 \$160 \$55 \$510 \$25 \$520 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$50 \$5	Amt (3)

SINGAPORE ACCIDENT STATEMENT

IMPORTANT NOTICE

- 1. Please report correctly the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- 3. Information provided must be as truthful and accurate as possible. Any wilful misrepresentation or witholding of material facts may allow insurance companies to repudiate policy ability.
- 4. The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.

5. Any false reporting may be referred to the Police for investigation.

- 6. This report will be forwarded by the insurers of the insurers of the GIA Records Management Centre established by the General Insurance Association of Singapore(GIA) for archiving and that copies of this report will for a fee be made available upon application by interested parties.
- 7. By the lodgement of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available

THE RESIDENCE OF THE PARTY OF T	ACCIDENT STATEMENT
Date Of Report	09/01/2018 15:37
Date Of Accident	08/01/2018 11:10
Exact Location Of Accident	CROSS JUNC OF GEYLANG BAHRU AND KALLANG BAHRU
Country/State of Loss	SINGAPORE
Strain Followship of Strain	DETAILS OF OWN VEHICLE
Vehicle Registration Number	GBD786X
Insured/Policyholder	

SAYEED MUHAMMAD & SONS TRADERS PTE LTD Name Of Registered Owner

Co Reg No

NOEMAIL **Email Address**

Mobile Phone No

OFFICE-94603527 Alternative Phone No

Vehicle Particulars

TOYOTA Manufacturer HIACE Model Exact Purpose for which vehicle was being used at WORK

Are you claiming under your own insurance policy

for repair to your vehicle?

THIRD PARTY If No. Please state action to be taken

COMMERCIAL VEHICLE Vehicle Category

Insurance Company

AIG ASIA PACIFIC INSURANCE PTE, LTD. Name of Insurance Company

COMPREHENSIVE Type Of Coverage

NO Fleet Policy

2100367946-03000 Policy Number

Cover Note Number

Driver

MURUGESAN PERUMAL Name of Driver

G6957816R Passport No/FIN 20/06/1987 Date Of Birth OUTDOOR Occupation 06/02/2013 Date Of Driving Pass

4 YEARS AND 11 MONTHS Driving Experience

MALE Gender

(LOCAL) +65-94603527 Mobile Number

Fax Number Contact Number

NOEMAIL EMail Address

SKETCH PLAN

IMPORTANT NOTICE

- Please report <u>correctly</u> the details of the accident to speed up the claims process.
- This Form must be completed by the Policyholder and/or the Authorised Driver.
- Information provided must be as <u>truthful and accurate as possible</u>. Any wilful misrepresentation or withholding of material facts may allow insurance companies to <u>repudiate policy liability</u>.
- The issue and acceptance of this Form by insurance companies is not an admission of policy liability on the part of the insurance companies.
- Any false reporting may be referred to the Police for investigation.
- The report will be forwarded by the insurers of the GIA Records Management Centre established by the General Insurance
 Association of Singapore (GIA) for archiving and that copies of this report will for a fee be made available upon application by
 interested parties.
- By the lodgment of this report to the insurers, you hereby consent to the archiving of this report at the centre and to copies of the report being made available aforesaid.
- 8. Consent under the Personal Data Protection Act (PDPA)

I understand, acknowledge, agree and consent that:

- (a) My insurer, my workshop and the General Insurance Association of Singapore ("GIA") may/are permitted to collect, use, disclose and/or process my personal data/personal information set out in this [form] and any other personal information provided by me or possessed by my insurer (collectively the "Personal Information") and disclose and transfer such Personal Information to all insurer(s) who have insured vehicle(s) involved in this accident (all insurer(s) who have insured vehicle(s) involved in this accident shall be collectively referred to as the "Insurers"), the Insurers' lawyers/law firms, the Monetary Authority of Singapore and any relevant government agency/authority (such as the police), for the purpose(s) of:
 - processing, handling and/or dealing with my claims including the settlement of the claims and any necessary investigations relating to the claims;
 - (ii) investigating the accident and/or my claims;
 - (iii) carrying out and/or dealing with my instructions or responding to any enquiries by me;
 - (iv) administering my claims (including the mailing of correspondence, statements, invoices, reports or notices to me, which could involve disclosure of certain personal data about me to bring about delivery of the same as well as on the external cover of envelopes/mail packages); and/or
 - (v) complying with applicable law in administering, processing, handling and/or dealing with my claims.(collectively the "Purposes")
- all insurer(s) who have insured vehicle(s) involved in this accident and the Insurers' lawyers/law firms, may/are permitted to collect, use, disclose and/or process my Personal Information for one or more of the above Purposes; and
- (c) my Personal Information may/can be disclosed by any of the Insurers and/or GIA to their third party service providers or agents(including their lawyers/law firms), which may be sited outside of Singapore, for one or more of the above Purposes.
- (d) my Personal Information will also be collected and used to compile claims history for the purpose of fraud detection, investigation and management in present and all future claims.
- (e) the information so collected under (d) above may be shared / disclosed:
 - to all insurers and/or any other third parties that assist in evaluating, investigating, controlling or managing fraud, regulators, law enforcement and government agencies as reasonably required for the purposes stated, or
 - (ii) for complying with requirements under any regulations, laws or court orders.

Policyholder's Signature

Driver's Signature

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

on th	ne stated	day and	time,	i Vehi	cle 'A'	was v	vaiting to	make a
fight_	tuin at	the Co	s junction	n at g	eylang bu	ahru and	kallong	bohlu. The
ight tu	med green	n and i	proceede	d to	make	my turn	on lan	e '1'. In
he m	id way ex	my tuin	, Vehicle	'B' 5	uddenly	Sweive	and co	t into my
turning	lane	Causing	him to	hit	me (n my	flont	lett poitien.
I_W	iovid like	to star	ie that	; had	1 pas	senjer c	at the t	ame at the
acuder	nt named	Krishno	samy	Sakthi	Dasan Lin	nale). Th	not is a	11.
			"					

DECLARATION

I/We declare the foregoing particulars are true in every respect.

Date & Time: 08101118

(If driver is not the policyholder)

Date & Time:

Reporting Centre Personnel's Signature

Name:

NRIC/FIN No .:

ACCIDENT STATEMENT

	CIDENT DATE: (08 / 01 / 2018)(DD/MM/YY)	YY), TIME: (11 : 10 am) (HH:MM)
AL		and Kallan bahlu
LOC	CATION: Closs Junction of Ceyl	ary santo
	1. DETAILS OF VEHICLE a) VEHICLE NUMBER: GBD 786 X	140
	BINSURANCE COMPANY: ATO	03000
	CIPOLICY NUMBER: 2100 SOLY TO BE OF THE PARTY OF THE PART	ARTY / THIRD PARTY FIRE &THEFT)
	WILLE WODEL TOYOTA - HIT	0,00
	STYPE / SALOON / COUPE / MPV IV AN I LOK	RY / MOTORCYCLE / OTHERS)
	CIVEHICLE CATEGORY: (PRIVATE / COMMERC	WOIL PUIDONE
	h) PURPOSE OF USING AT ACCIDENT TIME:	
	IF NO, PLEASE STATE THIRD PARTY CLAIM	REPORTING ONLY
15	INSURED / POLICY HOLDER	Tracter 111
	A)NAME: Sayced Muhammad and b)NRIC/FIN/PASSPORT: 1991 03821	H CONTACT:
	CIADDRESS: 35 Hong Kong Street	059674
a å		
. 1	* CONTINUE TO 3.d IF DRIVER ALSO POLICY H	HOLDER
14 No of persong	CINAME: PIDIO (COUI)	(MALE) FEMALE)
Claduding driver	b) NRIC/FIN/PASSPORT: 0 3544971-	CONTACT:9460 3527
(<u>2</u>)	CIADDRESS: 35 Hory Kong Street	
7	*d) DATE OF BIRTH: (20 / 06 / 1987)(DD	/MM/YYYY)
made	-LOCCUPATION: INDOOR MOUTDOOR	
1874	f)YEARS OF DRIVING EXPRERIENCE: Hyrs. WAS DRIVER AN EMPLOYEE OF THE INSUR	RED'S COMPANT: ((100)/ 110/
	IF NO RELATIONSHIP OF THE DRIVER WI	IH INSURED.
5	a) WEATHER CONDITION: (CLEAR) RAINING /	OTHERS
	b)ROAD SURFACE: (DRY / WET / OTHERS	
6.	WAS ANYBODY INJURED (YES (NO)	
81 91	IF YES, PLEASE STATE WHICH POLICE STATION	N:
8.	THIRD PARTY VEHICLE	MODEL: Hyundai sonata
the of passenger	a) VEHICLE NUMBER: SHC 3340 M b) DRIVER'S NAME: HO AH LAY	
(Induding driver)	c) NRIC/FIN/PASSPORT: \$11767518	CONTACT:
() 9.	THIRD PARTY VEHICLE	WORE!
No of passenger	d) VEHICLE NUMBER:	MODEL:
(Including drive	O Districtive Contractive	CONTACT:
()	y ij indoping nos oni	The second of the second secon
		* P

email = REFORTINS® TOPQUES.com 6452 4584





S PASS

Employment of Foreign Manpower Act (Chapter 91A) Republic of Singapore

Employer SMS TRADERS PTE, LTD.

Sector SERVICE

Name MURUGES AN PERUMAL

Occupation DRIVER

Date of Application

29-05-2017

Date of Issue 27-06-2017 27-06-2019



L8091565

YOU ARE LICENSED TO DRIVE VEHICLES IN THE FOLLOWING CLASS(ES)

EFFECTIVE DATE

NP 428A

Name MURUGESAN PERUMAL

20-06-1987 M

INDIAN

Date of Issue Date of Expiry G6957816R 27-06-2017 27-06-2019

MULTIPLE JOURNEY VISA ISSUED

VISIT PASS

Immigration Regulations







CERTIFICATE OF INSURANCE

MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) ACT (CHAPTER 189) MOTOR VEHICLES (THIRD-PARTY RISKS AND COMPENSATION) RULES, 1960 ROAD TRANSPORT ACT, 1987 (MALAYSIA) MOTOR VEHICLES (THIRD-PARTY RISKS) RULES, 1959 (MALAYSIA)

M.Z.300

TOYOTA COMMERCIAL AUTO PROTECTOR

CERTIFICATE NO. 2100367946-03000

OWN DAMAGE EXCESS S\$800.00 WINDSCREEN EXCESS S\$100.00

SUM INSURED Market Value **INSURING WITH COE/PARF** Yes

1) VEHICLE REGISTRATION NO.

2) NAME OF INSURED

3) EFFECTIVE DATE OF THE COMMENCEMENT OF INSURANCE FOR THE PURPOSES OF THE ACT

4) DATE OF EXPIRY OF INSURANCE

Sayeed Muhammad & Sons Traders

Pte Ltd 21 Mar 2017

GBD786X

20 Mar 2018

5) PERSON OR CLASSES OF PERSONS ENTITLED TO DRIVE*

Any person provided he is in the Insured's employ and is driving on their order or with their permission. A Young and/or Inexperienced Driver Excess ("YIDR") of \$\$3,000.00, in additional to the Policy Excess, applies to You and any Authorised Driver (named or unnamed) if You are or the Said Authorised Driver is below the age of 23 and/or has less than 2 years' driving experience.

Provided that the person driving is permitted in accordance with the licensing or other laws or regulations to drive the Motor Vehicle or has been so permitted and is not disqualified by order of a Court of Law or by reason of any enactment or regulation in that behalf from driving the Motor Vehicle:

6) LIMITATION AS TO USE*

1) Use in connection with the Insured's business.

Use for the carriage of passengers [other than for hire or reward] in connection with the Insured's business.
 Use for social, domestic or pleasure purposes.
 The policy does not cover: a) Use for hire or reward or for racing, pace-making, reliability trial or speed-testing.
 Use whilst drawing a trailer except the towing of any one disabled mechanically propelled vehicle.

APPROVED REPORTING CENTRES / TOYOTA AUTHORISED WORKSHOPS

APPROVED REPORTING CENTRES / TOYOTA AUTHORISED WORKS of the state of t

LOSS OF USE Not Included

* NAMED DRIVER NA

HIRE PURCHASE COMPANY United Overseas Bank Limited

FEMPLOYER'S LOAN

*Limitations rendered inoperative by Section 8 of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Section 95 of the Road Transport Act, 1987 (Malaysia), are not to be included under these headings.

I / We hereby Certify that the policy to which this Certificate relates is issued in accordance with the provisions of the Motor Vehicles (Third-Party Risks and Compensation) Act (Chapter 189) and Part IV of the Road Transport Act, 1987 (Malaysia)

Issued in Singapore 16 Feb 2017

030210-534 INCHCAPE AUTO TOYOTA-JTJC 33 LENG KEE ROAD SINGAPORE 159102

AIG Asia Pacific Insurance Pte. Ltd.

AUTHORISED REPRESENTATIVE

ORIGINAL

IASHRO.